

it crudely," says the author, "in dementia præcox we find a stage of emotional impoverishment due to the breaking down, perhaps, as Freud terms it, a process of conversion, of rich plexuses of association of many years growth—the changes in the affective life should be interpreted from this standpoint as a disintegration or analysis of what had heretofore been a developing and fairly fixed personality." The relation of hysteria to dementia præcox is discussed, and "hysteria" differentiated from "hysterical," the latter is a phase common to many forms of mental alienations, the former a group by itself. The etiology of dementia præcox is exhaustively treated, the author favors the hereditary taint, and as he puts it: "My own observations on cases of well-developed dementia præcox which I have been able to follow for many years and whose parents have been well known to me, has shown that three elements have been most emphatic in the ancestry: Dementia præcox itself, alcohol, and abnormal personality or crankiness, if I may so express it." In regard to mental surrmenage, the author says: "While some may fail to be impressed by some of the many carefully conducted psychological studies into the influence of fatigue, these studies nevertheless show in a graphic manner that which clinical experience has amply demonstrated. School work is not the only cause of fatigue by any means, but it plays a role in the genesis of the neurasthenoid background which is so prominent a feature in many of the pre-dementia præcox signs, and one cannot fail to be impressed by the unnatural fatigability of these individuals. Such good observers as Emminghaus, Ziehen, Eulenberg, Pick, L. Strumpell, Kahlbaum, Hecker, Christian, Wille, Uffelmann, Binswanger, Babinski, not to mention scores of others of equal prominence, all describe well-marked neurasthenic developments in the child and young adult, and ascribe them to the over-burdening of school life."

The prophylactic measures consist of proper pedagogic methods which "can be of more than casual service in the prevention of mental breakdown." The children of abnormal parents should receive proper care and attention during puberty and early adolescence. Nervousness in young children should be early recognized and subjected to prompt treatment. Outdoor exercise, moderate amount of outdoor sports, avoidance of intellectual competition, change of occupation for agricultural pursuit, are extremely advisable for all those who show predisposition for mental diseases. The author concludes by saying, "There is a large opportunity for the teaching profession of this country to evolve the mental healer in this sense, otherwise even the crudities of the quackish upstarts will be welcomed by a distressed and despairing public." Perhaps it will not be amiss to state that the time is not far remote when our schools will be represented by experienced, scientific, and up-to-date psychiatrists who will be able to assist our pedagogues in recognizing the early psychopathic stigmata in children and thus check the development of a mental malady.

MORRIS J. KARPAS (Ward's Island).

THE RELATION OF SEXUAL LIFE TO THE ORIGIN OF NERVOUS AND MENTAL DISEASE. Aschaffenburg (Münchener med. Woch., 53. 1906. W. 37).

The author asserts that neither onanism nor abstinence causes the disease, but the imaginations which are associated with the abnormal acts. Masturbation may exert a pernicious influence in the following manner: Either onanism is carried on in a senseless way or the indi-

vidual shows a marked hereditary taint. Onanism is not the cause but a manifestation of the mental malady. He bitterly assails Freud's sexual theory of hysteria. According to Freud hysterical symptoms are never manifested so long as children masturbate, but as soon as they abstain from it the hysterical phenomena become apparent. However, this is not the author's experience. He decries Freud's method of psychological analysis, and claims that Freud's patients know before-hand his questions and act accordingly. The paper is worthy of careful perusal, but Freud's valuable contributions to hysteria cannot be undermined, and are worthy of weighty consideration and credence.

MORRIS J. KARPAS (Ward's Island).

SLEEPING SICKNESS AND GENERAL PARALYSIS. Spielmeyer (Muench. med. Woch., May 28, 1907).

The author finds that the clinical manifestations and pathological findings of the two diseases are similar. Clinically sleeping sickness differs from paralysis by the presence of fever, and somnolence, but resembles it closely in the progressive psychical weakness, physical and nervous symptoms, and constant presence of lymphocytosis in the cerebro-spinal fluid. Mott first described a chronic meningo-encephalitis, a diffuse meningeal and perivascular infiltration, containing plasma cells. The anatomical pictures of both diseases are nearly the same. The essential difference of sleeping sickness is in the general distribution of plasma cells in all organs, and the tendency of the plasma cells to leave the lymph-spaces, and pass into the nervous parenchyma. Schaudinn has observed transitional form of trypanosom and spirochets. Some of the late stages of trypanosomiasis resemble *tabes dorsalis*. The pathological and clinical facts seem to confirm the results of the purely biological investigation, and vice versa the results of the biological investigation, bring new light for the understanding of the clinical and pathological findings. The relation which exists between the exciting causes shows itself in the anatomical changes and clinical manifestations of the diseases.

F. J. CONZELMANN (U. S. Army).

ALYPIN. Dr. H. Gebele (Münch. med. Woch., 54, 1907, May 28).

The author states that alypin in a 1 per cent. solution injected subcutaneously acts very efficiently in the majority of cases. It has mostly been used in ophthalmology, otology, rhinology and dentistry and very little in minor surgery. Stolzer, Dold, Borszeky, Stutzin and Venus have reported the results of their experiences with the drug. Anæsthesia usually occurred five minutes after the injection and lasted 45 to 60 minutes. No local or general disturbances were observed. A solution of alypin may be sterilized by boiling without decomposing the drug. The addition of adrenalin is not necessary to obtain anæsthesia. The characteristic local anæsthesia of alypin was very well illustrated in a case of multiple atheroma of the scalp. The four large atheroma were removed in the one setting. Three of them were removed with novocain as the anæsthetic, without complete alleviation of pain; the fourth was extirpated with the use of a 1 per cent. alypin solution without any pain to the patient. Shleick recently recommended a combination of alypin and cocaine. This combination is adapted to enormously enlarge the indications for infiltration anæsthesia. He recommends the following mixture,